

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F97000005695

FILED  
Oct 26, 2004  
Secretary of State

Entity Name: COMSOUTH TELESERVICES, INC.

**Current Principal Place of Business:**

108 S. LUMPKIN ST  
HAWKINSVILLE, GA 31036

**New Principal Place of Business:**

**Current Mailing Address:**

108 S. LUMPKIN ST  
HAWKINSVILLE, GA 31036

**New Mailing Address:**

FEI Number: 58-1512830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUCHANAN INGERSOLL PROFESSIONAL CORP  
ONE TURNBERRY PLACE  
19495 BISCAYNE BLVD, SUITE 606  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRIAN COURTNEY

10/26/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEOD ( ) Delete  
Name: JENNINGS, W. MANSFIELD JR  
Address: MANSFIELD DR  
City-St-Zip: HAWKINSVILLE, GA 31036

Title: SD ( ) Delete  
Name: JENNINGS, GENELLE  
Address: MANSFIELD DR  
City-St-Zip: HAWKINSVILLE, GA 31036

Title: CFO ( ) Delete  
Name: MCCLAIN, MICHAEL D  
Address: 500 CLARK DRIVE  
City-St-Zip: HAWKINSVILLE, GA 31036

Title: PD ( ) Delete  
Name: JENNINGS, W.M. III  
Address: BUCKCREEK RD  
City-St-Zip: HAWKINSVILLE, GA 31036

Title: T ( ) Delete  
Name: TRICE, LAVADA G  
Address: WIMBISH DR  
City-St-Zip: PERRY, GA 31069

Title: COO ( ) Delete  
Name: KRUEGER, ROBERT W  
Address: 630 SANDY SPRINGS  
City-St-Zip: HAWKINSVILLE, GA 31036

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D MCCLAIN

CFO

10/26/2004

Electronic Signature of Signing Officer or Director

Date